

**DECLARATION AND POWER OF ATTORNEY**

As a below-named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CD4-IgG2 FORMULATIONS

the specification of which:  
(check one)

\_\_\_\_\_ is attached hereto.

X was filed on March 19, 2004 as

Application Serial No. 10/804,802

and was amended \_\_\_\_\_  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT International Application which designated at least one country other than the United States, listed below. I have also identified below any foreign application for patent or inventor's certificate, or PCT International Application having a filing date before that of the earliest application from which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

<u>Number</u>	<u>Country</u>	<u>Filing Date</u>	<u>Yes</u>	<u>No</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



Please address all communications, and direct all telephone calls, regarding this application to:

John P. White, Esq. Reg.No. 28,678  
Cooper & Dunham, LLP (Customer Number 23432)  
1185 Avenue of the Americas  
New York, New York 10036  
Tel. (212) 278-0400

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or  
first joint inventor Norbert Schulke  
Inventor's signature Norbert Schulke Date of signature 2-15-05  
Citizenship Germany  
Residence 11 Park Street, Dedham, Massachusetts, 02026  
Post Office Address same as above

Full name of  
additional joint inventor(if any) William C. Olson  
Inventor's signature \_\_\_\_\_ Date of signature \_\_\_\_\_  
Citizenship U.S.A.  
Residence 21 Fawn Court, Ossining, New York 10562  
Post Office Address same as above

Full name of  
additional joint inventor(if any) Cherie Parkhurst-Lang  
Inventor's signature \_\_\_\_\_ Date of signature \_\_\_\_\_  
Citizenship U.S.A.  
Residence 130 Treadway Lane, Londonderry, New Hampshire, 03053  
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Full name of sole or first joint inventor Norbert Schulke

Inventor's signature \_\_\_\_\_

Citizenship Germany Date of signature \_\_\_\_\_

Residence 101 Ridge Road, New City, New York 10956

Post Office Address same as above

Full name of joint inventor (if any) William C. Olson

Inventor's signature William C. Olson

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Page 3

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Residence 21 Fawn Court, Ossining, New York 10562

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Full name of joint inventor (if any) Cherie Parkhurst-Lang

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cdl 1/16/05

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**Page 4**

**Full name of joint inventor (if any)** Indu Isaacs

**Inventor's signature** Indu Isaacs

**Citizenship** U.S.A. **Date of signature** 01/09/05

**Residence** 31 Andover Country Club Lane, Andover, Massachusetts, 01810

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**Full name of joint inventor (if any)** \_\_\_\_\_

**Inventor's signature** \_\_\_\_\_

**Citizenship** \_\_\_\_\_ **Date of signature** \_\_\_\_\_

**Residence** \_\_\_\_\_

**Post Office Address** \_\_\_\_\_

**Full name of joint inventor (if any)** \_\_\_\_\_

**Inventor's signature** \_\_\_\_\_

**Citizenship** \_\_\_\_\_ **Date of signature** \_\_\_\_\_

**Residence** \_\_\_\_\_

**Post Office Address** \_\_\_\_\_